Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3-4-08</u>	Address;	NEAR 6600 BOYD RD	
Case #:	<u>34-33776</u>		CANNELTON, IN	
County:	<u>P</u> ERRY		<u> </u>	
Type of Laboratory Scizure (check one)		Scizure Location (Scizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all th	nd: <u>Location (hedroom, kitchen, opcu</u> at apply) /Ammonia Reaction(s):	air, etc)		
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
∐lydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive	e Base:			
Other (ite	em and location):			
∐ Yes	age 18 discovered (check one) (number present) ort to Child Protective Services	Investigative Fphedrine Retail/Mer Other:	Pseudoephedrine Tracking Log chant Tip	
This report i	s to be faxed to the following age	ncies that serve the loc	eation:	
	ent: TELL CITY	Fax: N/A		
Health Department: <u>PERRY CO.</u>		Fax: <u>547-</u> 01a	<u>45</u>	
Child Protecti	ion Service: PERRY	Fax: <u>N/A</u>		
For further in Investigating	formation regarding this methamph Officer: <u>P. ANDRY</u> Pho	etamine laboratory, con no <u>812-246-5424</u>	tiacţ	
** This form i	is to be faxed to the Fire Department, Heal in 24 hours of scene processing.	ith Department and/or Child	Protective Services Department	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,